

MONTANA DIABETES SURVEILLANCE & CLINICAL COMMUNICATION



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Chronic Disease Prevention and Health Promotion Program
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DIABETES EDUCATION IN MONTANA: PROGRAMS & RESOURCES.

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BACKGROUND:

All the advances in technology and therapeutics for diabetes have only increased the need for diabetes patient education—the process of teaching people how to manage their diabetes on a daily basis. To ensure that patients get the knowledge and skills to optimize metabolic control, to prevent acute and chronic complications and to achieve and maintain a healthy lifestyle, the National Certification Board for Diabetes Educators now certifies diabetes educators (CDE). Medicare coverage includes reimbursement for diabetes self-management education (DSME), from a “recognized” education program. Both the American Diabetes Association (ADA) and the Indian Health Service (IHS) maintain programs to “recognize” diabetes education programs that meet specific standards for quality. Medicare also covers medical nutrition therapy for patients with diabetes or non-dialysis kidney disease. These policy changes have been prompted by a growing body of knowledge about the effects of diabetes education on patient outcomes.

With the widespread availability of A1c testing to monitor glycemic control, investigators have been able to measure the effects of self-management education for adults with type 2 diabetes over time.

In a recent meta-analysis assessing the effect of diabetes education on glycemic control, the net change in A1c with education was calculated from 31 studies.¹ On average, compared to the control groups, A1c decreased by 0.76% (95% CI 0.34-1.18) more after education interventions when measured after 1 to 3 months of follow-up.

This report provides an overview of diabetes education programs in Montana, information regarding resources that are available to Montana health professionals on diabetes education, and estimates of the percentage of adult Montanans and adult American Indians with diabetes who have ever taken a class to manage their diabetes.

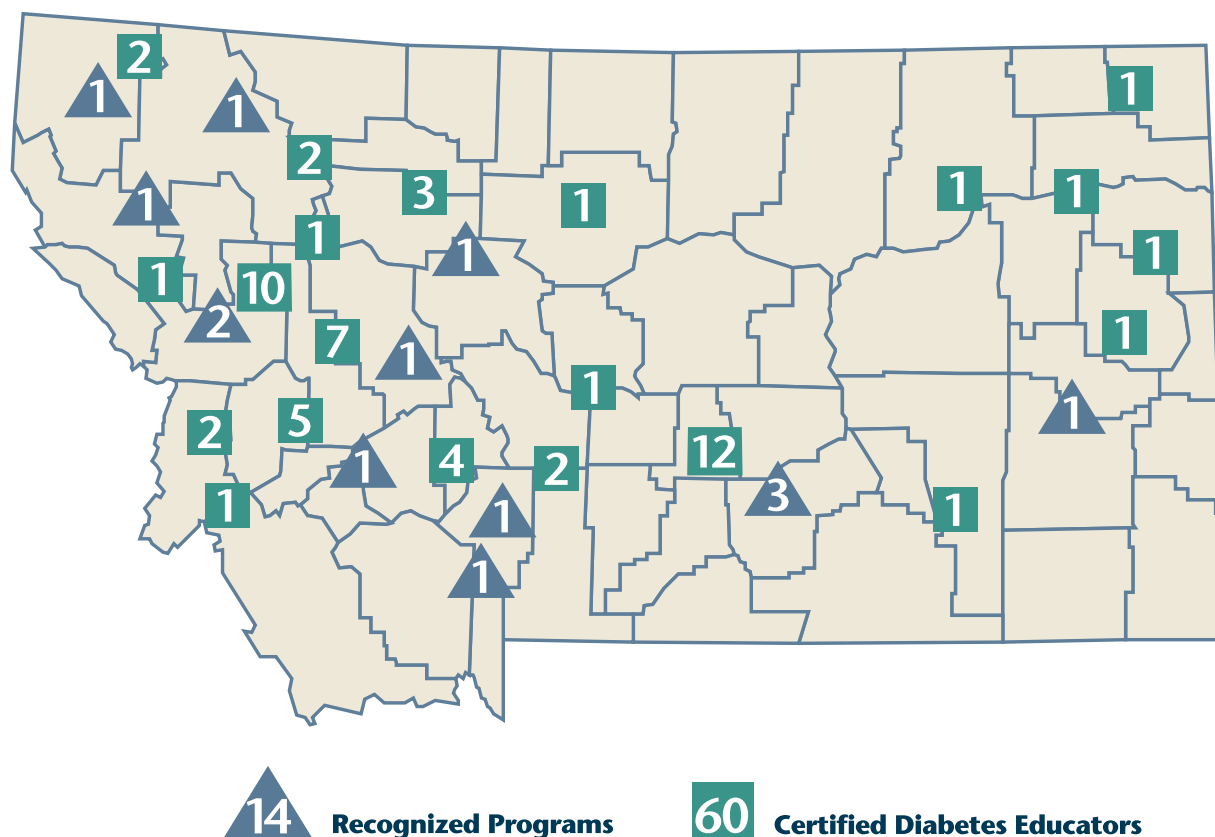
REFERENCE:

1. Norris SL, Lau J, Smith SJ, Schmid CH, Engelgau MM. Self-management education for adults with type 2 diabetes: a meta-analysis of the effect on glycemic control. *Diabetes Care* 2002;25:1159-71

DIABETES EDUCATION PROGRAMS IN MONTANA

Currently there are 14 recognized diabetes education programs in Montana and 60 Certified Diabetes Educators (Figure 1).

Figure 1. Recognized diabetes education programs and Certified Diabetes Educators, by County, Montana, 2002.



NEWLY RECOGNIZED DIABETES EDUCATION PROGRAMS

The following list includes those diabetes education programs who have achieved recognition from the American Diabetes Association within the past year. They have met the high standards for quality required, and deserve our congratulations!

- Great Falls Clinic Diabetes Self-Management Education Program
- St. Peter's Hospital Diabetes Self-Management Program (Helena)
- St. John's Lutheran Hospital Diabetes Education Program (Libby)
- Livingston Healthcare Diabetes Education Program (Park Clinic & Community Health Partners)
- Diabetes Care Team of Holy Rosary Health Care (Miles City)

DIABETES EDUCATION RESOURCES FOR HEALTH CARE PROFESSIONALS IN MONTANA

The Quality Diabetes Education Initiative (QDEI) is a program developed by the Montana Diabetes Program offering resources to health care professionals seeking to improve and maintain their skills regarding diabetes education. Its mission is to improve the quality of diabetes education in Montana by providing resources to assist outpatient settings in developing basic diabetes education programs and by increasing skills of individual educators through a self-study and peer-mentoring process tailored to the needs of the educator, clients, and setting.

The self-study and peer-mentoring program is designed to help the individual health care professional improve his/her skills by tailoring a program of self-study with the help of a CDE. The program has several options:

BASICS - learning basic diabetes and self-management concepts.

MEDICAL NUTRITION THERAPY

for dietitians using American Diabetes Association's *Guide to Medical Nutrition Therapy for Diabetes*.

INTERMEDIATE - using the American Association of Diabetes Educators' (AADE) *Core Curriculum for Diabetes Education*.

ADVANCED - using the AADE materials to prepare for the CDE exam.

At each level, the health care professional works through defined reading materials, answers post-test questions, and has regular contact with a mentor. Individuals are also encouraged to observe a CDE "in action" or visit one of the recognized diabetes education programs in the state.

QDEI is now also involved in providing resources to health care professionals in outpatient settings who want to develop a diabetes education program. Because official recognition from IHS or the ADA means that a site is eligible for Medicare reimbursement for diabetes education, QDEI has held workshops in the past two years for health care professionals on this topic. Helpful packets of information from the most recent workshop (April, 2002) are available from the Montana Diabetes Program upon request. These packets contain examples of forms and procedures used by education programs here in Montana to gain and maintain recognition. In addition, samples of ADA-approved curricula are available on a loan-basis so that sites can review selected curricula before deciding on what diabetes education curriculum to adopt or adapt. Finally, the Montana Diabetes Program has obtained a wide variety of books, videos, audiotapes, curricula, and Internet resources to help health care professionals in Montana who are providing diabetes education. Please call the MDP office at 406-444-6677 for more information about what resources are available.



CHILDREN WITH DIABETES: A RESOURCE GUIDE FOR SCHOOLS

Adapted from a variety of sources, this compendium of information is designed to assist everyone in the school environment help care for a child with diabetes. The 52-page manual contains general information about diabetes including information about monitoring and hypoglycemia. There is a section for school nurses, which includes a checklist and detailed information for care planning. The manual contains information for everyone from administrators to bus drivers, and it contains an appendix with many helpful items including sample physician letters and care plans.

Children with Diabetes: A Resource Guide for Schools is intended to educate school staff, provide sample forms, and guide school personnel to resources available in Montana. It can be accessed from the Montana Diabetes Program web site <http://ahec.msu.montana.edu/diabetes/default.htm> then clicking on *Children with Diabetes: A Resource Guide for Schools*.

HOW MANY MONTANANS WITH DIABETES HAVE TAKEN A CLASS TO MANAGE THEIR DIABETES BETTER?

The Montana Department of Public Health and Humans Services (DPHHS) conducted the Behavioral Risk Factor Surveillance System (BRFSS) telephone survey of adult Montanans in 2000 and 2001. An adapted BRFSS telephone survey of adult American Indians living on or near Montana's seven reservations was also conducted in 2001. Respondents from both surveys were asked if they had ever been told by a doctor that they had diabetes. Respondents who reported a previous diagnosis of diabetes (excluding women reporting only gestational diabetes) were then asked a series of questions regarding diabetes care and education including the following: "Have you ever taken a course or class in how to manage your diabetes your self?"

From 2000 to 2001, 423 adult Montana BRFSS respondents overall reported a previous diagnosis of diabetes. In 2001, 157 adult American Indian respondents reported a diagnosis of diabetes. Fifty-eight and fifty-four percent of adult Montanans with diabetes and adult American

Indians with diabetes reported ever taking a class to manage their diabetes, respectively (Table 1). There was some variability in the percentage of Montanans with diabetes overall and American Indians with diabetes ever having diabetes education by age, sex, health insurance status, and annual household income.

CONCLUSIONS:

Providing the infrastructure to improve the quality and availability of diabetes education for people in Montana has been a cooperative effort involving many individuals and organizations including the MDP, the Montana Chapter of the American Association of Diabetes Educators, the American Diabetes Association of Montana and the Juvenile Diabetes Research Foundation. Over the past three years the number of CDEs has grown to 60 (NCBDE, October 8, 2002) and the number

of ADA-recognized programs has increased from 2 to 14. And we now have results from a surveillance system with the ability to measure trends in education services for individuals with diabetes in the state. Over half of Montanans with diabetes have been able to attend diabetes education classes. School nurses and their colleagues can now access materials to help schools ensure a healthy environment for children with diabetes. This report summarizes the accomplishments of many people here in Montana who have contributed their efforts to improving diabetes education. We acknowledge their contributions gratefully and hope to continue our collaborative efforts in the coming months to improve both the access to and quality of diabetes education in Montana.

ACKNOWLEDGEMENTS:

We thank Joanne Oreskovich, PhD for conducting the analyses of the BRFSS data.

Table 1. Characteristics of respondents with diabetes who report ever taking a class to manage diabetes, adult Montanans overall 2000-2001, and adult American Indians living on or near the seven reservations 2001.

	EVER TAKEN A CLASS TO MANAGE DIABETES			
	MONTANA OVERALL (N=423)		AMERICAN INDIANS (N=157)	
	#	(%)	#	(%)
TOTAL	254	(58)	85	(54)
AGE				
18-44	40	(68)	14	(50)
45-64	59	(53)	47	(59)
≥65	115	(53)	24	(52)
SEX				
Male	100	(54)	38	(64)
Female	154	(62)	47	(50)
HAVE ANY KIND OF HEALTH PLAN				
Yes	231	(59)	83	(57)
No	23	(52)	2	(29)
ANNUAL HOUSEHOLD INCOME				
Less than \$20,000	72	(53)	83	(57)
≥\$20,000	102	(62)	44	(57)
Unknown	80	(57)	9	(56)

WHAT IS THE MONTANA DIABETES PROJECT AND HOW CAN WE BE CONTACTED:

The Montana Diabetes Project is funded through a cooperative agreement with the Centers for Disease Control and Prevention, Division of Diabetes Translation (U32/CCU815663-04). The mission of the Diabetes Project is to reduce the burden of diabetes and its complications among Montanans. Our web page can be accessed at <http://ahc.msu.montana.edu/diabetes/default.htm>.

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